

SELF MEDICATION RECORD*

RESIDENT: _____ FACILITY NAME: _____

MONTH: _____

YEAR _____

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

MEDICATION	TIME	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Name of individual Observing Self - administration	Title (RN/ staff or family)	Initial	Name	Title (RN/ staff or family)	Initial

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* The resident, to support and promote independence with medication self-administration, may use this record independently without staff or family review.